



STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION
500 James Robertson Pkwy 3rd Floor
NASHVILLE, TENNESSEE 37243-0755
PHONE 615/741-7545
FAX 615/253-3783

ALCOHOLIC AWARENESS CLASS NOTIFICATION

Please fax to Server Training Dept. at least 7 days prior to training/class date

Training Program _____

Trainer's Name _____

Class Date _____ Time _____ a.m. or p.m. (please circle)

Location of Class _____

Address _____ City _____

Trainers Telephone Number _____

Is your Class open to the public? (Please circle) Yes or No

Additional Class Dates: (if applicable)

Date _____ Time _____ Location _____

Date _____ Time _____ Location _____

Date _____ Time _____ Location _____

Date _____ Time _____ Location _____

Date _____ Time _____ Location _____

Date _____ Time _____ Location _____